

Minutes

National Clinical Effectiveness Committee

Department of Health

24 June 2021, 14:00 – 15:45 by Microsoft Teams video conference

In Attendance:

Professor Karen Ryan

Chair, National Clinical Effectiveness Committee (NCEC)

Professor Anne Marie Brady

Nursing and Midwifery Education Bodies

Mr John Hurley

Private Hospitals Association

Dr Elaine Breslin

Health Products Regulatory Authority

Mr Richard Lodge

Health and Social Care Regulatory Forum

Ms Alison Connolly

Mental Health Commission

Ms Marita Kinsella

Department of Health, National Patient Safety Office

Mr Donal Clancy

Health Insurance Council

Dr Máiréad O'Driscoll

Health Research Board (HRB)

Ms Christine Donnelly

Patient representation

Ms Michelle O'Neill

Health Information and Quality Authority (HIQA)

Professor Gerry Fitzpatrick

Forum of Postgraduate Training Bodies

Dr Cathal O'Keeffe

State Claims Agency (Head of Clinical Risk)

Ms Karen Green

Department of Health DCNO

Dr Máirín Ryan

HRB-CICER / Health Technology Assessment & HIQA

Ms Anne Horgan

Office of the Chief Clinical Officer (CCO), Health Service Executive (HSE)

Ms Collette Tully

National Office for Clinical Audit

Apologies:

Dr Siobhán Ní Bhriain

Office of the CCO, HSE

Ms Brigid Doherty

Patient representation

Professor Colette Cowan

Forum of Hospital Groups CEOs

Mr Gary Kiernan

Mental Health Commission

Mr Pat Creedon

Department of Health, Acute Division

Dr Geraldine Shaw

Office Nursing and Midwifery Services, HSE

Secretariat – Clinical Effectiveness Unit (CEU), Department of Health:

Rosarie Lynch,

Head of Clinical Effectiveness, AMR and Surveillance, National Patient Safety Office (NPSO)

Claudine Hughes, Elizabeth Adams, Austin Cullen, Lillian Newell

Clinical Effectiveness Unit, (NPSO)

1. Welcome, introductions and apologies

The Chair welcomed all members to the first meeting of the National Clinical Effectiveness Committee (NCEC) for 2021. Apologies were noted as listed above. Two invitees were welcomed to the meeting: Ms Anne Horgan, General Manager, Office of the Chief Clinical Officer (CCO), Health Service Executive (HSE) on behalf of Dr Siobhán Ní Bhriain, Office of the CCO, HSE and Ms Alison Connolly, Acting Head of Regulatory Practice and Standards Mental Health Commission on behalf of Mr Gary Kiernan, Mental Health Commission. Further clarity on attendance of members and invites in exceptional circumstances will be updated when the NCEC Modus Operandi is revised in the near future.

Action 1: Modus Operandi to be revised with the NCEC Chair prior to the next meeting

2. Conflict of interest declarations (NCEC members)

The Chair reminded the members of the requirement for an annual return of a declaration of *Conflict of Interest Form*. Members were advised that the *NCEC Conflict of Interest Declaration Policy* with the form to be completed will be circulated by email in the coming weeks. Members were requested to complete and submit the form as soon as possible to the NCEC Secretariat.

The members present at the meeting were asked to identify if they had any Conflict of Interest and none were declared.

Action 2: Annual Conflict of Interest Policy and Declaration Forms to be circulated to the NCEC Committee by email.

3. Minutes – 26 November 2020

The Minutes were reviewed and no amendments identified. It was noted the action points listed in the Minutes have been completed. NCEC members agreed that the Minutes were an accurate reflection of the meeting on 26 November 2020.

4. Matters arising from minutes

It was noted that all matters arising were incorporated into the agenda.

5. Update from HRB-CICER Director

The Health Research Board – Collaboration in Ireland for Clinical Effectiveness Reviews (HRB-CICER) Progress Update paper was circulated to the committee in advance. Dr Máirín Ryan, Director of HRB-CICER provided a background to the development of the Centre in 2017 and advised the grant funding (5 years) concludes April 2022. NCEC were informed that a quality assurance framework for HRB-CICER, which outlines the methodological approach and describes quality assurance processes, is being updated. Guidance and oversight to this framework is provided by the HRB-CICER Expert Advisory Group.

Presentation of work to-date: An overview of the work completed to date since the commencement HRB-CICER was provided which includes: evidence synthesis support to twelve Guideline Development Groups (GDGs) comprising systematic reviews of clinical effectiveness and cost-effectiveness evidence, systematic reviews of clinical guidelines and audits, budget impact analyses and one modified Delphi process. In 2020, HRB-CICER resource in addition with resources from other areas across the HIQA HTA Division, was redirected to provide evidence synthesis to support the national response to the COVID-19 pandemic, in particular the work of the National Public Health Emergency

Team (NPHE). It is anticipated that towards the end of the year resources will be fully re-orientated back to clinical effectiveness work.

Planned and on-going work included:

- Budget impact analysis to support the development of the national clinical guideline for Intraoperative Massive Haemorrhage. (Due for completion mid-year.)
- Providing ongoing support to NPHE and subgroups for COVID-19 response.

In addition, the NCEC were informed that specialist tailored training on methodologies has been provided to a number of GDGs to support guideline development.

Discussion: The Chair thanked the HRB-CICER Director and team for the quality of their work that is reflected in the resultant guidelines. The importance of disseminating the work and contribution of it to the knowledge base was highlighted. The role of the NCEC as ambassadors for clinical effectiveness, as discussed at the NCEC reflective day in November 2020, was acknowledged.

6. National Clinical Audit

National Perinatal Mortality Audit

The National Perinatal Mortality Audit (NPEA) Audit commenced in 2009 and became a national Audit in 2011. It is endorsed by both the Institute of Obstetricians and Gynaecologists (IOG) and the National Office for Clinical Audit (NOCA) and was prioritised by the NCEC to progress submission for quality assurance as a National Clinical Audit in March 2020. The NPEA Audit went through Quality Assurance (QA) at the last NCEC meeting on 26 November 2020 scoring 77.5%. The Audit has been recommended for endorsement by the NCEC following minor amendments and these amendments are currently being reviewed by the CEU and preparation for publication will commence.

Discussion: NCEC noted the update

Action 3: Amendments to National Perinatal Mortality Audit report for NCEC National Clinical Audit to be finalised and preparation for publication to commence. CEU to work with NPEA on this.

7. National Clinical Guidelines

(a) Reports i-ii (circulated prior to the meeting)

i. Quality Assurance Report - CG-046 Stop Smoking guideline

The Quality Assurance (QA) report was included in the papers was presented. The public health threat posed by tobacco use and the need to discourage tobacco use was noted. The guideline, which aims to strengthen and scale up efforts across the health services in Ireland to help people who smoke to stop successfully, thereby enabling progress towards a Tobacco Free Ireland (TFI), was welcomed.

Discussion:

The committee noted the considerations of the QA appraisal team. There was support from the committee for this guideline. The NCEC highlighted the importance that such a guideline links with policy in this area and the CEU advised that engagement with the Tobacco and Alcohol Policy Unit, DOH had taken place. The role of the guideline in supporting the wider public health initiatives was also acknowledged.

Decision: NCEC recommends clinical guideline for endorsement following minor amendments approved by Clinical Effectiveness Unit, Department of Health (Recommendation B).

Action 4: Letter and report to go to the Chair of CG-046 outlining the NCEC decision and the editorial amendments required. CEU to work with the GDG in incorporating the amendments.

ii. Rapid update report – NCG No. 18 Emergency Medicine Early Warning System (EMEWS)

A report, detailing the requested update to the NCEC National Clinical Guideline (NCG) No. 18 Emergency Medicine Early Warning System (EMEWS) was circulated to the NCEC in advance of the meeting. The NCEC NCG No. 18 EMEWS was published in October 2018. An application has been received from the Co-chairs of the EMEWS GDG to consider a rapid update on the current version of EMEWS to ensure alignment with INEWs v2 (published in Sept 2020) in relation to the inclusion of “New confusion/altered mental status/delirium to the neurological assessment tool to highlight that this can be an important sign of early deterioration.” CEU advised that the pdf of the guideline will be updated but the NCG number will remain the same as this is under the rapid update procedure and is not a substantive revision or change in scope. The update will be noted in the front cover.

Discussion:

Alignment of early warning systems used at different stages of the patient journey was welcomed by the NCEC. The Co-Chairs of the EMEWS GDG were commended for bringing this to the attention of the committee and the associated submission. The importance that e-training relating to this issue is easily accessible to relevant staff was highlighted. The NCEC reiterated the need for co-ordinated implementation to manage the move to the updated charts. Consistency in the approach to implementing the changeover was highlighted as important. The committee noted that consideration be given to the use of established governance committees within current HSE structures to support implementation in HSE facilities. The CEU is to engage with the Private Hospital Association to explore building stronger links with these facilities to further clinical effectiveness work.

Decision: The NCEC support this update to the NCG No. 18 EMEWS and the need for a co-ordinated implementation to manage the changeover was noted.

Action 5: The CEU to work with the EMEWS GDG to ensure the necessary changes are made to the guideline. Editorial changes to the NCG to be annotated accordingly.

Action 6: The CEU to engage with the NCEC Private Hospitals Association representative to explore building stronger links with these facilities to further clinical effectiveness work.

(b) Discussion paper – options to scope the work to inform standardised methodology processes for updating National Clinical Guidelines (*circulated prior to the meeting*)

NCEC members were provided with an overview of the discussion paper and informed that the purpose is to provide background information and suggested options for developing a robust and standardised methodology process for review and update of NCEC National Clinical Guidelines, acknowledging the evolving methodological environment and recent innovation internationally due to the COVID-19 pandemic. The elements of the paper including background; context; rationale for reviewing and updating guidelines; current NCEC update process; alternative approaches; options and proposed next steps. There were a number of options to consider in relation to scoping the work on behalf of the NCEC to identify the best approach / methodology to developing and updating the NCEC National Clinical Guidelines. It was noted that the following options were not exclusive and more than one option may be used.

The NCEC discussed the following options to:

- Engage the NCEC Methodology Subgroup.
- Establish an Expert Advisory Group.
- Seek input from HRB-CICER.
- Engage with international guideline agencies to understand update processes.
- Engage with Guidelines International Network (GIN) Update Subgroup.

The NCEC considered all options and agreed that all should be examined to progress the exploratory phase of this work. It was agreed that the CEU would work with HRB-CICER to conduct a methodological review of international guideline update processes to identify best practice and recent learning with the aim of reviewing the current NCEC provisions for guideline review and update.

Action 7: The CEU will progress the options discussed for developing a robust and standardised methodology process for review and update of NCEC guidelines and report to NCEC at the next meeting.

Overview of current work programme

The update list of National Clinical Guideline and National Clinical Audit and those in development were circulated in advance of the meeting for information.

Discussion: The unprecedented nature of 2020 and the impact of COVID-19 pandemic on policy work and operational work was acknowledged. This required need for revision of the NCEC 2021 work programme as all actors were seeking to progress the work but the context has affected usual capacity.

NCEC Events

The Committee were informed and noted the following updates:

- **NPSO Conference 2021** – the date for the Conference is 21 October 2021. A decision based on public health advice to hold the event ‘in person’, ‘virtual’ or a blend of both will be made closer to the date. Planning has commenced to facilitate both options. Please save the date.
- **Guideline launch 2020:** NCEC National Clinical Guideline No. 22 Nutrition screening and use of oral nutrition support for adults in the acute care setting – An online launch, hosted by HSE took place in December 2020 and it was noted that it was very successful.

AOB

No other business was raised for discussion.

NCEC meeting dates 2021

The following NCEC meeting dates were agreed by Members at the meeting:

Date:	Time:
▪ Thursday 30th September 2021	14:30 – 16:30
▪ Thursday 25th November 2021	14:30 – 16:30
▪ Thursday 24th February 2022	14:30 – 16:30

Action 8. The CEU to circulate the agreed meeting dates by email.

Handover to new NCEC Chair

Professor Karen Ryan, Chair of the National Clinical Effectiveness Committee thanked all the members and the CEU team for working so collegially with her over the past few years. She warmly welcomed Professor Gerry Fitzpatrick as the new Chair of the NCEC and highlighted his capabilities, breath of experience, clinical network, professional expertise and experience. His focus on the placing the

patient and their families at the centre of his work has been evident throughout his career. She wished him the very best in his role going forward and formally handed over to the new Chair.

Professor Gerry Fitzpatrick thanked Karen for her warm welcome. Her enthusiasm, energy and good humour throughout the role was appreciated by everyone.

Dr Máirín Ryan also thanked Karen for her collegial work and the warm acknowledgement she gave to Members of the Committee. Her effective and efficient progression of the workload coupled with her strategic leadership was recognised.

Marita Kinsella, Director, National Patient Safety Office, also thanked Karen on behalf of the Department of Health, the Clinical Effectiveness Unit and the Committee for her collegial work and the significant impact her leadership and work has had on the clinical effectiveness agenda in Ireland.

All wished the very best to Karen and welcomed Gerry to leading the continuity of the work with his explanatory vision.

Agreed actions

No.	Summary	Responsible person/s
1.	NCEC Modus Operandi to be revised and agreed with the NCEC Chair prior to the next meeting	NCEC Chair and CEU Team
2.	Annual Conflict of Interest Policy and Declaration Forms to be Circulated to the NCEC Committee.	CEU Team
3.	Amendments to National Perinatal Mortality Audit report for NCEC National Clinical Audit to be finalised and preparation for publication to commence.	CEU Team
4.	Letter and report to go to the Chair of CG-046 outlining the NCEC decision and the editorial amendments required. CEU to work with the GDG in incorporating the amendments.	CEU Team
5.	The CEU to work with the EMEWS GDG to ensure the necessary changes are made to the guideline. Editorial changes to the NCG to be annotated accordingly.	CEU Team
6.	CEU to engage with the NCEC Private Hospitals Association representative to explore building stronger links with these facilities to further clinical effectiveness work.	CEU Team
7.	The CEU will progress options for developing a robust and standardised methodology process for review and update of NCEC guidelines and report to NCEC at the next meeting.	CEU Team
8.	The CEU to circulate the agreed meeting dates by email	CEU Team